

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) CARLOS Ortiz #485068
(Name of Plaintiff) (Inmate Number)
DELAWARE CORRECTIONAL CENTER
SMYRNA, DELAWARE 19977
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) THOMAS L CARROLL (WARDEN)
(2) CORRECTIONAL MEDICAL SERVICES, ET AL
(3) _____
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

07 - 29

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE

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II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • • No
- C. If your answer to "B" is Yes:

1. What steps did you take? USE ADMINISTRATIVE EXHAUSTMENT PROCEDURES AT EACH LEVEL
2. What was the result? DENIED (THERE IS NO TREATMENT AVAILABLE FOR ME, BECAUSE THEY REFUSE TO TREAT MY CONDITIONS)

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: THOMAS L. CARROLL
- Employed as WARDEN at DELAWARE CORRECTIONAL CENTER
- Mailing address with zip code: ADMINISTRATION BLDG / WARDEN'S OFFICE,
1181 Paddock Road, SMYRNA, DE 19979

- (2) Name of second defendant: _____
- Employed as CONTRACTED MED PROVIDER at DELAWARE CORRECTIONAL CENTER
- Mailing address with zip code: 1201 COLLEGE PARK DRIVE, SUITE 101
DOVER, DE 19904

- (3) Name of third defendant: _____
- Employed as _____ at _____
- Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. I HAVE BEEN RECEIVING MEDICAL TREATMENT SINCE 2003 FOR WHAT WAS BELIEVED (BY DIAGNOSIS) AS KIDNEY STONES. HOWEVER, OVER THE YEARS THE MEDICAL PROVIDERS DIAGNOSIS HAVE CONTINUED TO CHANGE AND NOW THEY (N/P. THOMA) HAS TOLD ME THAT I HAVE LIVER FAILURE AND REFUSE TO TREAT THE CONDITION.
2. I HAVE RECEIVED MEDICAL TREATMENT SINCE EARLY 2004 AFTER FALLING IN THE SHOWER AND HURTING MY BACK. SINCE THAT TIME, I CONTINUE TO SUBMIT SICK CALLS FOR PROPER PAIN MEDICATION AND OTHER NEEDS AS HAS BEEN PRESCRIBED BY DOCTORS. BUT THEY WILL NOT GIVE ME PROPER MEDICAL ATTENTION.
3. _____

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. DEMAND PUNITIVE AWARD BY THE DEFENDANTS FOR (A) MALPRACTICE, AND (B) FAILURE TO TREAT THAT CONTINUE TO CAUSE ME EMOTIONAL & PHYSICAL PAIN AND SUFFERING. PUNITIVE AWARD FOR DAMAGES IS FOR \$1,000.00 DOLLARS JOINTLY OR SEPARATE AGAINST EACH DEFENDANT.

2. DEMAND COMPENSATORY AWARD AGAINST EACH DEFENDANT
IN THEIR OFFICIAL AND INDIVIDUAL CAPACITIES OF \$22,000.00
EACH FOR DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL
NEEDS OF THE PLAINTIFF
3. SEEK INJUNCTION FOR IMMEDIATE MEDICAL TREATMENT
BY OUTSIDE INDEPENDENT LIVER AND BACK SPECIALIST.
THAT SHALL INCLUDE PROPER X-RAYS, M.R.I OR OTHER
AND MEDICATIONS, THAT MUST INCLUDE THE RELEASE OF
MEDICAL REPORT OF PLAINTIFF'S CONDITIONS TO THE COURT.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9 day of January, 2007.

* Carlos Bate
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

IM CARLOS Ortiz
SB# 00485068 UNIT E-2-39
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

Legal Mail

Clerks Office
U.S. District Court
844 North King Street
Wilmington, Delaware
19801

